

**ELEVENTH JUDICIAL CIRCUIT OF FLORIDA  
RELATED CASE INFORMATION SHEET**

**Section I: INSTRUCTIONS FOR USING THIS FORM**

The information contained in this form will be utilized by the Unified Family Court Division to determine whether a matter qualifies for coordination and/or transfer to the Unified Family Court's Complex Litigation Division (Division 48), pursuant to Administrative Order #03-15, of the Eleventh Judicial Circuit of Florida.

**THIS FORM IS FOR ADMINISTRATIVE USE ONLY, AND IS NOT TO BE FILED WITH THE CLERK OF COURT.**

**PLEASE SEND FORM VIA E-MAIL, U.S. MAIL, OR FAX TO:**

Lauren Lazarus Sabatino, Esq., Director, Unified Family Court Division, Administrative Office of the Courts  
Lawson E. Thomas Courthouse Center, 175 N.W. First Avenue, Suite 1147, Miami, FL 33128  
Phone: (305) 349-5555 / Fax (305) 349-5682 / E-mail: llazarus@jud11.flcourts.org

**Section II:**

Name of Person Completing this Form (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title (if applicable): \_\_\_\_\_ Bar Number (if applicable): \_\_\_\_\_

**Section III: PLEASE COMPLETE ALL INFORMATION BELOW WHICH APPLIES FOR ANY RELATED CASES FILED IN THIS CIRCUIT**

**DOMESTIC RELATIONS** Case No.: \_\_\_\_\_ Division: \_\_\_\_\_

Case Type:  Dissolution of Marriage  Paternity  Child Support  URESA Other Petition: \_\_\_\_\_

Petitioner's Attorney's Name: \_\_\_\_\_ Respondent's Attorney's Name: \_\_\_\_\_

Petitioner's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Respondent's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**MINOR CHILD(REN) OF THE PARTIES:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**JUVENILE DEPENDENCY** Case No.: \_\_\_\_\_ Division: \_\_\_\_\_

Case Name(s): \_\_\_\_\_

A) \_\_\_\_\_ DOB: \_\_\_\_\_ D) \_\_\_\_\_ DOB: \_\_\_\_\_

B) \_\_\_\_\_ DOB: \_\_\_\_\_ E) \_\_\_\_\_ DOB: \_\_\_\_\_

C) \_\_\_\_\_ DOB: \_\_\_\_\_ F) \_\_\_\_\_ DOB: \_\_\_\_\_

DCF Atty: \_\_\_\_\_ Parent Atty: \_\_\_\_\_

**JUVENILE DELINQUENCY** Case Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Case No.: \_\_\_\_\_ Div: \_\_\_\_\_ Case No.: \_\_\_\_\_ Div: \_\_\_\_\_

Case No.: \_\_\_\_\_ Div: \_\_\_\_\_ Case No.: \_\_\_\_\_ Div: \_\_\_\_\_

PD: \_\_\_\_\_ SAPD: \_\_\_\_\_

**DOMESTIC/REPEAT VIOLENCE INJUNCTION** Case No.: \_\_\_\_\_ Judge: \_\_\_\_\_

Petitioner's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Respondent's Name: \_\_\_\_\_ DOB: \_\_\_\_\_